

IMMUNIZATION RECORD

Name

Birth Date

Parent's name

RECOMMENDED SCHEDULE FOR IMMUNIZATIONS*

- 0-2 mo. Hepatitis B #1
- 1-4 mo. Hepatitis B #2
- 2 mo. DTaP #1, Hib #1, IPV #1, PCV #1
- 4 mo. DTaP #2, Hib #2, IPV #2, PCV #2
- 6 mo. DTaP #3, Hib #3, PCV #3
- 6-18 mo. Hepatitis B #3, IPV #3
- 12-15 mo. Hib #4, MMR #1, PCV #4
- 12-18 mo. Varicella #1
- 15-18 mo. DTaP #4
- 4-6 yrs. DTaP #5, IPV #4, MMR #2*
- 11-12 yrs. Hepatitis B*, Varicella*, MMR #2*
- 11-16 yrs. Td

*Give vaccination if not previously administered.
Recommendations can change...check with your Doctor or Health Department.

A record of immunization is required by law for school entrance, and is necessary in case of accident, employment, college, etc. Be sure to complete any series of immunizations once it is started. Failure to complete the series will not give adequate protection.

INDIANA STATE DEPARTMENT OF HEALTH